

Signature of Parent or Guardian: ___

Boy Scout Merit Badges

Name of Participant				
Address		City		Zip
Name of Parent/Guardian		Home	Phone	Cell Phone
Participant Birthdate	Grade			
Email Address:				
Nephi Recreation Depar		_		
4:00-5:30pm	K programi ciass		, Juli 9, 1 C.	, , <u>, , , , , , , , , , , , , , , , , </u>
Sports: 8 week program 5:30-6:30pm All Classes will be at Nep Cost \$10 per badge		Dec 13, Jan 3, Fe	eb 7.	
REGISTER ON	ILINE AT WWW	V.NEPHIRECRE	ATION .CO	M or at the
	RECREATION	OFFICE 475 E	800 N	
	DEADLINE: I	DECEMBER 12	., 2017	
		Guardian Agreement		
I hereby certify that dent and health insurance. The insurance Nephi City, the recreation department attion Program.	e used by Nephi City is lial	bility insurance only and	doesn't include he	
2) I hereby authorize the Recreation Director of an emergency, and I have signed			ı my behalf in acco	rdance with their best judgment ir
3) I understand the goals and objectives coach, parent or player displays poor spo		-		velopment, and teamwork. If a
4) I understand that Nephi Recreation w	· · · · · · · · · · · · · · · · · · ·	_		ill be used for Nephi Recreation